		10040	
2 0-39	DEPARTMENT OF COMMERCE MISSOURI STATE BOARD OF HEALTH STANDARD CERTIFICATE OF DEATH State File No		
·39 21492	FILED THIN ES.	No. 18 40	
ŀ	Registration District No Primary Registration Dist		
f 9	1. PLACE OF DEATH: GREENE	2. USUAL RESIDENCE OF DECEASED:	
/e	(a) County (b) City or town Spingusture, Bois D'Aro (If outside city or town limits, write "RURAL" and name of township)	(a) State Missouri (b) County Croons	
₹ <u>8</u>	(If outside city or town limits, write "RURAL" and name of township) (2) Name of hospital or institution:		
≠ ∰ [none f	(c) City or town. Bois D. And Months "RURAL")	
/ <u>E</u>	(If not in hospital or institution, write street number or location) (d) Length of stay: In hospital or institution	(d) Street No. (If rural, give location)	
4 <u>5</u>	In this community	II	
TA.	years, months or days)	(e) If foreign born, how long in U. S. A.? native US. years.	
PERMANENT RECORD	3. (c) PRINT FULL NAME CY PUS V. Aldrich	MEDICAL CERTIFICATION	
	3. (b) If veteran, 3. (c) Social Security	20. DATE OF DEATH: Month 5 day 6	
∀	name war No. XXX	year 1944 hour 6 minute 10 M.	
MAKE	6 (a) Single widowed married	21. I hereby certify that I attended the deceased from 1 10 , 1944;	
7	4. Sex male /) race white divorced /mar.	that I last saw h. 1 m. alive on 5/4/ 1944:	
INK	6. (b) Name of husband or wife 6. (c) Age of husband or wife if	and that death occurred on the date and hour stated above.	
	Edith Aldrich alive 77 years	Immediate cause of death Uremoc poison g S mos	
CK	7. Birth date of deceased 1 4 1860 (Month) (Day) (Year)	Gang rene feet & legs.	
BLA	8. AGE: Years Months Days If less than one day	Due to Diabetes insip.	
UNFADING	88 4 2 hr	Due to Amaciation anemia.	
FA	9. Birthplace Cato Wisconsin (City, town, or county) (State or foreign country)		
5	10. Usual occupation Carpenter famer	Other conditions (luclude pregnancy within 3 months of death)	
SE	11. Industry or business building etc.		
-USE	(to your Curate D Alded ob	Major findings: Of operation none Underline	
	13. Birthplace Cato Wisconsin (City, town, or county) (State or foreign country)	the cause to which death	
N I	(City, town, or county) (State or foreign country)	Of autopsy none should be charged sta-	
PLAINLY	15. Birthplace (City, town, or county) Ve island in dign country)	22. If death was due to external causes, fill in the following:	
	(City, town, of county) (State of fordign country)	(a) Accident, suicide, or homicide (specify) none	
RITE	(b) Address Bols D'Ac, Missourd	(b) Date of occurrence	
A	17 (1) Bu rel B] (1) Data thereof 5 - 8 44	(c) Where did injury occur?(City or town) (County) (State)	
	(c) Place: burial or cremation Clear Creek Cem	(d) Did injury occur in or about home, on farm in industrial place, in public place	
	(c) Place: burial or cremation Value 18. (a) Signature of funeral director.	While at work Specify Trace place) While at work (e) Means of injury	
	(b) Address Marshfleld, No.	May Mindle - 11.9V.	
	19. (a) May 8/1944 (b) Jewell Williams	Bad a 51 1 - 4 / 6 / 4 A	
	(Deferențired (Calregistraf) (Registrar's signature)		
1	(Licensed Embalmer's Statement on Reverse Side)		

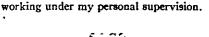
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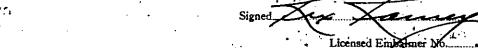
Greene County Health Office

County File Number 44-6-51 Date Filed 6-14-44

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by





Note: The above MUST BE SIGNED BY THE LICENSED EMBA the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

X36930

DEPARTMENT		
Bureau of	THE	CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File	No	·

Registration District No. 1 326 Primary Registration Distri	ct No. 5459 Registrar's No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:
(a) County	(a) State
(b) City or town (If outside city or lown limits, write "RURAL" and shame of township) (c) Name of hospital or institution:	lå
(c) Name of hospital or institution: 3 nd Cuntur Jourshin	(c) City or town(If outside city or town limits, write "RURAL")
	(d) Street No. (If rural, give location)
(If not in hospital or institution, write street number or location)	(If rural, give location)
(d) Length of stay: In hospital or institution	(e) Citizen of foreign country?(Yes or N
In this community	If yes, name country
	MEDICAL CERTIFICATION
3. (a) PRINT CULL NAME CULLED. Aldred	MEDICAL CERTIFICATION
	20. DATE OF DEATH: Month
3. (b) If veteran, 3. (c) Social Security	year hour minute 1
name war No.	21. I hereby certify that I aftended the second from
5. Color or 6. (a) Single, widowed, married,	
4. Sex m race divorced m	1.1011 15
•	that Library h
6. (b) Name of husband or wife	Imprediate cause of death Duration
4 auve 1 Clark	
7. Birth date of deceased (Month) (Day) (Year)	
	N
8. AGE: Years Months Days Unless than one day	Due to
83 4 AU \\ min.	
	Due to
9. Birthplace (Oity, total, or clusty) (State or foreign country)	
	Other conditions.
10. Usual occupation	(Include pregnancy within 3 months of death)
1. Industry or busines	PHYSICIA
(12. Name	Major findings:
+ <i>y</i>	Underli the cause
13. Birthplace	Which dea should I
(14. Maiden name	charged st
15. Birthplace	22. If death was due to external causes, fill in the following:
(City, town, or county) (State or foreign country)	
6. (a) Informant	(a) Accident, suicide, or homicide (specify)
(b) Address	(b) Date of occurrence
7. (a)	(c) Where did injury occur? (City or town) (County) (State)
	(d) Did injury occur in or about home, on farm, in industrial place, in public place
(c) Place: burial or cremation	
8. (a) Signature of funeral director.	(Specify type of place) While at work? (e) Means of injury
(b) Address	
9. (a) (b) fewell Welliams	23. Signature (M. D. or other)
The state of the s	ll Addanas Data sissad

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